



[Bowness, J.](#) (2016) Ageing, Reflexivity and Risk in Masters Highland Games. British Sociological Association Annual Conference, Birmingham, UK, 6-8 April 2016.

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Deposited on: 20 June 2019

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# Ageing, Reflexivity and Risk in Masters Highland Games

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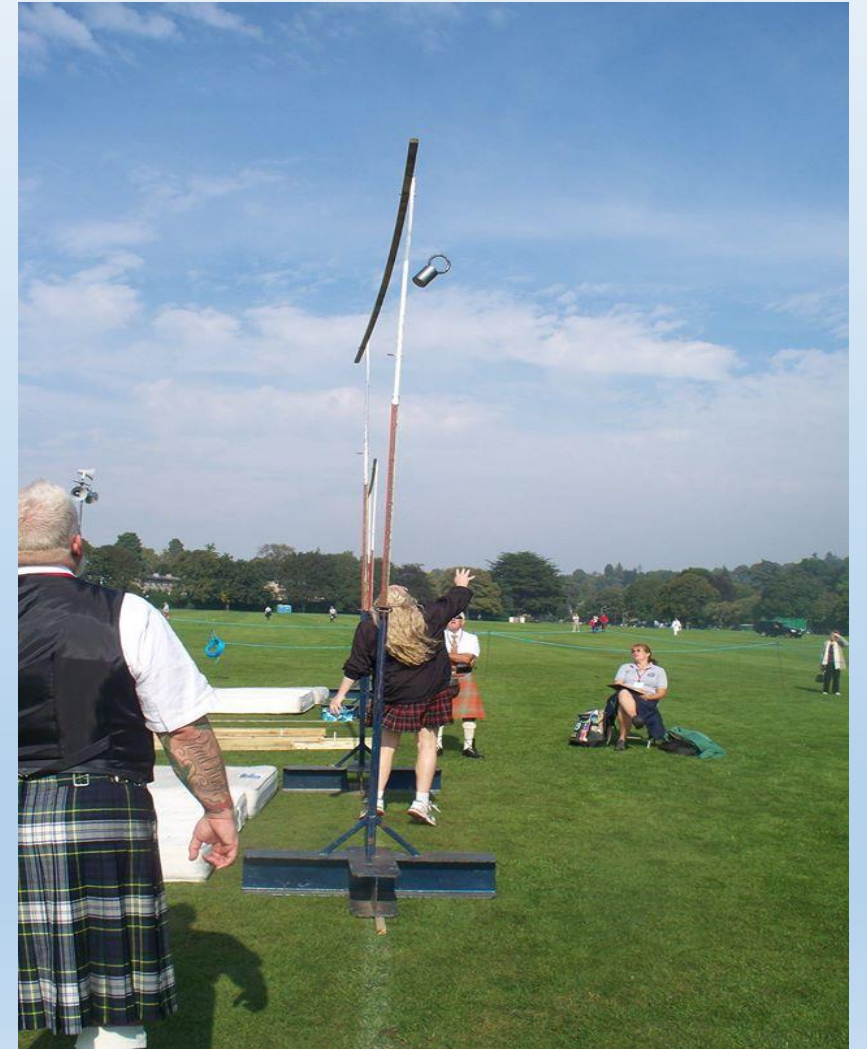


# Introduction

- What is a masters athlete?
- What are the Highland Games?
- My research: What is it like to be a Highland Games Masters athlete?
- This presentation will focus on one aspect of my research: risk, pain and injury

# Methods

- Theoretically driven questions
- Two waves of data collection: life history interviews and email interviews
- Thematic analysis



# Who are these people?



# The Role of the Body

- How is it experienced?
- What actions are taken to maintain physical capital?
- How is injury, pain and risk conceptualised?



# What are the risks?

- Physical/Financial/Social

Richard (49, M, EI)

*“I don't know if risk is part of the attraction. Some of an athlete's best throws can come from being on the verge of fouling or risk of injury. I, myself, will always be on the side of caution. We do this for fun. No risk is worth not being able to do my job and earn a living”*

- What expected effects to everyday life?

# Experiences of Pain

- Everyday pain

Richard again here;

- *“Oh, there is one more thing. Because I have Morton's toe, where the ball of my second, third and fourth toes are further in front of my feet than my big toe, I have developed Morton's neuromas. This is a repetitive injury to the nerves that run between the metatarsus heads of my feet causing the build-up of a sheeting which actually pushes my **metatarsus apart causing some dull pain**. I've received some cortisone shots to help reduce the swelling. **It worked for a while, but I have flare ups almost daily. It feels like walking on marbles**. Fortunately the muscle relaxers I've taken, although they don't help my back, do help my feet.”*



# Pain event narratives

- Different forms of pain
- Tim's (45, M, EI) narration of pain
- *“The first knee surgery was several years ago and I was much younger. I can tell you that the first one had much less impact on my outlook on athletics than did my second even though the first was more severe. I didn't even consider not throwing again because I had fallen in love with the sport and the people. The love far outweighed the fear of reinjury. Because of the severity of the injury however, my everyday life was affected tremendously. It took me 6 months of intensive therapy to simply walk normally and begin to throw again. I would say it took closer to 2 full years before I approached 100% recovery. The second time which occurred just a couple of years ago did affect me more strongly and caused me to consider the possibility of giving it up. The fact that I was already registered for the next Masters World Championships however, kept me motivated to get through the PT and perform better than I had the years prior. Unlike my first surgery, I was walking without crutches or canes within 5 days somewhat normally. The full recovery took many months of intensive therapy.”*

# Dealing with pain

- Management through medication or rest
- Eventual medicalisation
- Physical interventions to remove pain
- All underpinned by ageing discourse



# Expert knowledge and the ageing body

- Scepticism of medics – example- Ching (45, M, IPI)

**“[...]cause id been complaining about symptoms for four years but my doctor would just say you’re just getting old, three different doctors you’re just getting old, this is what I do for fun, I go out with military forces guys but for fun I throw telephone poles and stuff, I am not accepting the answer I’m just getting old, (my emphasis)”**

- Seeing a range of sports medicine or alternative medicine practitioners
- Multiple diagnoses leading to new intervention

# Changes to “Warm Up”

- Driven by biomedical model of ageing
- Ageing body as problematic
- John (47, M, EI);
- “I was blessed to spend a year training with **Buddy Morris, a coach who went on to be the conditioning coach for the Arizona Cardinals NFL team.** (my emphasis) He identified the challenges of a masters athlete, and my specific weaknesses and created a warm up regime for me. I've seen many higher end athletes do a similar warm up, so it must be pretty common. It includes skipping, light jogging, hip, ankle and shoulder mobility movements. At the level I compete at, I don't see many of the athletes with a regimented warm up”

# Changes to training

- Specialising of efforts
- KT; more and more so I have less and less pain as I compete **but again as I've gotten older I spend less and less time lifting heavy weights pushing and I spend more and more time massaging stretching honouring my body, so I go after more quality of movement don't push myself for force generation,** does that make sense you know as an athlete you know what I'm saying
- JB; yes yes
- KT; so like err two months before this I went to a trainer and I did err a functional movement screen how am I moving I found where I was weak so I would train with him once a week and **I would do my stretches through the week and I would come back and I improved my score move a little bit better, did not have time to weight train, threw a little bit and I had improved.**

# Two Approaches to Risk and Ageing

## **Risk Acceptor**

- Comprehends Risk
- Not concerned with negative future outcomes
- No changes to training or approach to competition
- Little use of sports medicine

## **Problem Solver**

- Comprehends Risk
- Concerned with longevity
- Substantial changes to training and competition
- Comprehensive use of sport medicine support

## Risk Accepters

**I have been invincible** (my emphasis) for most of my life. I'd heal from injury in just a day or two. Not so much anymore. People often ask, when I explain how I feel after a competition, why do I put myself through such torture? I tell them that they will take what is left of my body and pour it in to my casket. **I really love competing and testing my abilities. I've seen other athletes comeback from far-more worse injuries. I will be just fine** (my emphasis) (Richard, 49, M, EI)

**. My sport being risky? Of course. With this sport there is no place to hide. There is no half way or you will get hurt, it teeters on the dangerous.** (John, 57, M, EI).

# Reflexivity and the risk acceptor

- Reflexive on ageing discourse and agency in being transgressive (Tulle, 2008)
- John (59, M, EI) elaborates;
- *“It's not an injury but right now I'm throwing with Kidney Stones. But nothing too severe to keep me side-lined for long. It might seem strange to someone on the outside looking in and noticing my age. When they ask me why? Why risk injury? I always think of a quote that I heard once. It was from a Mountain Climber, George Mallory but I'm not positive. When ask about his climb and possible death he responded I didn't climb this mountain to die but to live. That's how I feel when I step onto the field and our side of the fence with the Family, Brothers from other Mothers.. I do it to LIVE..(his emphasis)”*



# Problem Solvers

- Body as site for intervention
  - Research of individuals anatomy as empowering experience
  - Utopian visions of pain and injury free future
  - Need for capital in its various forms
- As far as viewing my participation in the games as a risk taking behaviour, I don't, but it certainly is. Then again, all of life has risks. I definitely want to LIVE, and not simply exist. To that end, I do everything possible to ensure that I train and compete injury-free, so I incorporate a lot of self-correction like myofascial release (SMR) and accessories that complement the highland games events into a fairly strict regime of power training. On top of that, add Epsom salt soaks at least weekly and professional massage therapy every 3-4 weeks. (Terri, 52, F, EI)

# Reflexivity and the problem solver

- Reflexive embodiment (Crossley, 2001)

Willow (47, F, EI) for example;

- *“As far as my injuries and ailments... They are pretty much all I know.... Pain and suffering.... I have fought to live my whole life ... Highland has revealed to me my weakness and I have done all I humanly can to find solutions... It has showed me my strengths ... In character and in physical.... And that has given me humility and wisdom. To be disciplined to persevere till I overcome or change something to improve something else....and in turn I have made huge improvements each season I have thrown”*

# Conclusion

- Games as painful and risky pursuit understood via ageing discourse
- Management of the body specialised for the ageing body
- Risk Accepters and Problem Solvers
- Reflexive bodies and responsibility